

# A STORY TO TRANSFER TRAUMA

*Sam Senji*

When she was a small child, perhaps six or seven years old, her mother told her how much she valued her. Her mother was in the midst of a traumatic divorce. One evening, as mother and daughter were walking up the hill from their house to see the mother's friend, the little girl sensed the enormity of her mother's pain. She remembered telling her mother, "Remember Rome wasn't built in a day and it's a long way to Tipperary." Her mother laughed at the combination of two sayings not normally paired but she also sensed the depth of her daughter's empathy for her: Have patience Mummy, this too must pass. Her daughter remembered where they were on the street, as though she was an omniscient observer, when her mother said, "Honey, I don't know what I would do without you. If you ever died I think I would jump in the hole with you." Even as a child she was stunned and moved that her mother could find so much solace in her, could love her so much.

Within a year, her mother had legally separated from her father and moved the children to another state to be near her relatives. The little girl had seen and heard too much, as often happens to children in such situations. Her mother took a job as a nurse at a veterans hospital for psychiatric patients. It seemed to her, in retrospect, that everything happened at the same time: the move, her mother's job, and her mother's decision that she must be epileptic. When the little girl bent down and stood up again, she became dizzy and at night, she had vivid, colorful dreams. Her mother also said she had a temper and cited two incidences. In one she said the little girl threw a bicycle across the street with what seemed

like superhuman strength. In the second, the little girl, about age six, chased her sister, four years older, around the house with a knife. Although she had never had a seizure, based on these observations, her mother took her to a neurologist. He did an electroencephalogram and thought he saw one area where it spiked. At age seven, the doctor, in consultation with the little girl's mother, put her on a regime of Dilantin, an anti-epileptic drug used to control seizures, and Librium, a tranquilizer, four times a day. Each time she returned to the neurologist, always medicated, her electroencephalograms were normal so he decided all was well and she continued on the medicine.

At home her mother and some of her siblings told her there was something wrong with her. They were not sure what it was, but she had a chemical imbalance in her nervous system. Whenever she cried, or became angry, or expressed what was considered too much emotion, her mother asked her if she had taken her pills.

Her mother, who she loved apart from this one unmentionable part of her life, was the rock for the children and the little girl's role model. She told her children that she was strong and would be strong for them too. She did not need therapeutic help because of her strength. She was intelligent, witty, a thoughtful listener, passionate, interested in a range of topics and devoted to her children. She also had a terrible temper and she seemed proud of it. If one of the children did something she disapproved of she would yell whatever was on her mind. There were few boundaries to what she felt she was allowed to say.

Her life was not easy. She was the sole caretaker for the children, she worked full-time, and she remained traumatized by the divorce. Every evening she went over what had happened, trying to make sense of it, recounting each detail to the children in long, fascinating stories. The children were mesmerized, and trapped.

So it remained for ten years, the family life a cycle that included the father's biannual visits, the emotional turmoil of those visits, her mother pacing the floor two weeks before and after the visits, ill with the tension of it, and the father's always unexpected behavior.

When she was seventeen, the girl – now a young woman – decided to stop taking the medicine. She found a neurologist at a well-respected teaching hospital and she and her mother and father went to see him. The doctor suggested she gradually stop the medicine and see what happened. She did. Nothing happened: no seizures, no manifestations of a chemical imbalance, no episodes of anything at all. He did electroencephalograms. They were normal. The first doctor could not find the original electroencephalogram with the “spike” so he could not provide it to the new neurologist to be reevaluated.

For the first time since she was seven years old, the young woman was allowed to experience her emotions. She had lost all those years when a young person, passing into adolescence and early adulthood, learns to recognize, understand and manage her feelings. She experienced a range of emotions – love and joy and anxiety and sadness and delight. She tried not to feel anger. Her creativity soared. She may have been surprised by the power of her feelings, and she may have wondered if this was how other people felt: she does not specifically remember because she was elated to have escaped not only from the medication but from the idea that something was wrong with her. Her mother made a mistake.

How could what happened to her be explained? Impossible to grasp in its entirety, the trauma her family had experienced was relocated to one small specific site: the body of the child. The chaos that had radically imbalanced the family's life did not have a name, so it was redesignated as a “chemical imbalance”

– a diagnosis that could neither be confirmed nor denied – in a body that could then be treated. The possible seizures (an illness the child never had) could be avoided. Emotions could be calmed and contained. The empathetic child – the one who felt her mother's pain so fully that her mother could not imagine life without her – could not also mirror her mother's anger or trauma. The siblings, who also depended on the remarkable mother as role model and anchor, could not challenge her diagnosis. They may also have been relieved that the story of disorder was attached to a body other than their own.

What of the ominous origin stories? The combination of the stories – a child with superhuman strength who angrily chased her sister with a knife – created a frightening image. Yet how strong could a six-year-old girl be? The knife story appears in many families, but in most it is treated with humor, or dismissed as a small incident. The ending of the story was never recounted in the girl's family. What must have happened? The older, stronger sister took the knife away or the mother stepped in and removed the knife and explained to the child that that was inappropriate behavior. There the stories should have ended.

Despite the absence of epilepsy or other manifestations of a chemical imbalance after the medication was stopped, parts of the family seemed to quietly cling to the notion of the child, and later woman, as the site of disorder. As the years passed, no record of stability or achievement could undermine the redirection of maternal and familial trauma to the designated child-patient. In some ways, the woman spent a lifetime uninscribing the story from her body. Look: no seizures, no manifestation of a chemical imbalance. She had children, a husband, and her own family. She owned her own home, she traveled, and she had good friends. She had a successful career. Yet her body continued to function as the container for familial disorder. Without it where would the disorder go?

Years later, the woman was going through her own divorce when she discovered an email her spouse sent to his relatives. It summarized a conversation he had had with one of her siblings. “If it was not

the issue she cites as a cause of the difficulties,” her sibling told him, “it would just be something else. There has always been something wrong with her,” the email went on, “for she has a chemical imbalance in her nervous system.”

The disruptive, untrue story, assigned to the body of the seven-year-old child, disproved by medical evidence in the body of the seventeen-year-old, was once again assigned to the body of the girl-now-woman to explain and contain another family rupture. The story had been successful (for all but the little girl) to contain and manage some of the chaos of divorce years earlier and so the narrative was reemployed to do its work again and exported to the husband’s family.

This time the story did not inhabit an innocent child’s body, unable to control medicalization. This time the woman refused to allow her physical body to be used to contain and manage family disorder.

Yet she could not dissuade others from believing in a story that continued the attempt to assign chaos to her body, to ask that she bear the full weight of rupture. She did not want to carry such a weight alone again. Instead she hoped everyone involved would face the sadness, the confusion, and the pain and carry the weight with her. She thought that would be more honest.

As she slowly began rebuilding the complex structures of trust in her life, something unexpected happened: the story began to lose its power over her. She strove to create her own vibrant life, close to those who never knew the story, who knew it and never believed it, or who didn’t care about the story one way or another.

Sam Senji is a pseudonym, used by the author due to the personal nature of this story.